

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35923

STATE FILE NUMBER

4974

FILED NOV 14 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>			c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Queen of the World</b>			Length of stay in lb <b>65 yrs.</b>		d. STREET ADDRESS <b>1719 E. 25th St.</b>
3. NAME OF DECEASED (Type or print) <b>VA LENA</b>			First <b>H.</b> Middle <b>JOHNSON</b>		4. DATE OF DEATH Month <b>October</b> Day <b>21</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 13, 1891</b>		9. AGE (In years last birthday) <b>65 yrs.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Philip Holliman</b>		
13b. MOTHER'S MAIDEN NAME <b>Eliza Franklin</b>			14. NAME OF HUSBAND OR WIFE <b>Alvin W. Johnson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>		
17. INFORMANT <b>Alvin W. Johnson</b>			Address <b>1719 E. 25th Street</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>Old CVA With Hemiplegia Left</b>
DUE TO (c) <b>Acute Nephro-sclerosis</b>					331+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.):		
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b>			COUNTY <b>MISSOURI</b> STATE <b>MISSOURI</b>		
21. I attended the deceased from <b>August 28, 1953</b> to <b>October 21, 57</b> and last saw her alive on <b>October 21, 1957</b> Death occurred at <b>3:35 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>P. M. S. Donald</i> (Degree or title) <b>MD</b>			22b. ADDRESS <b>2604 Prospect Avenue</b>		22c. DATE SIGNED <b>10/24/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Watkins Brothers Funeral Home</b>			ADDRESS <b>18th &amp; Benton</b>		25. DATE RECD. BY LOCAL REG. <b>10-26-57</b>
26. REGISTRAR'S SIGNATURE <i>neva Marshall</i>					

(Licensed Embalmer's Statement on Reverse Side)

Bruce P. McDonald  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....

Signed .....

*Bruce R. Watkins*

Signature of Student Embalmer

Licensed Embalmer No. 45

P. O. Address 18th & Belmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If this body is not embalmed, fact should be so stated above.